11/07/2002 12 : 35

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼ 655 Beach Street

Check if different than previously reported. (ACC)

San Francisco | CA | 94109 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00196246

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT NEW (N) **OR** X AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	X Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 09 01 2002 through 09 30 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carol Beatty

Signature of Treasurer Electronically Filed by Carol Beatty Date 11 05 2002

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 09 01 2002 To: 09 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		225560.32
(b) Cash on Hand at Begining of Reporting Period	224343.64	
(c) Total Receipts (from Line 19)	27376.60	453144.53
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	251720.24	678704.85
7. Total Disbursements (from Line 30)	12107.99	439092.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	239612.25	239612.25
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

CA

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 09 01 2002 To: 09 30 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	19990.00	
(ii) Unitemized	7337.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	27327.50	452564.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ▶	27327.50	452564.56
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	49.10	579.97
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	27376.60	453144.53
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	27376.60	453144.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1007.99	63465.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	1007.99	63465.92
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	10000.00	373026.68
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1100.00	2600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	1100.00	2600.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	12107.99	439092.60
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	12107.99	439092.60

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	27327.50	452564.56
33. Total Contribution Refunds (from Line 28(d))	1100.00	2600.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	26227.50	449964.56
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1007.99	63465.92
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	1007.99	63465.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 5 / 28

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Charley Andrews
Mailing Address: Suite 501 — 1604 Hospital Parkway
City: Bedford — State: TX — Zip Code: 76022-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt: 09 25 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 1001200241C411234

B.
Full Name (Last, First, Middle Initial): John Barber
Mailing Address: St Francis Med Ctr/Ophth Dir — 4401 Penn Ave/Ste 1D60
City: Pittsburgh — State: PA — Zip Code: 15224-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 13 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 091820023DC411038

C.
Full Name (Last, First, Middle Initial): Donna Booth
Mailing Address: 15 Acorn Cir — #210
City: Towson — State: MD — Zip Code: 21286-5713
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 091820023DC41D8412

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 6 / 28

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Brent Carroll
Mailing Address: Eye Assoc Northwest, 5300 17th Ave NW
City: Seattle State: WA Zip Code: 98107-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 09 04 2002
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0918200230C4096516

B. Full Name (Last, First, Middle Initial): Joseph Chappell
Mailing Address: 610 Brunson Dr
City: Tupelo State: MS Zip Code: 38801-4997
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 09 04 2002
Amount of Each Receipt this Period: 600.00
Receipt
Transaction ID: 0918200230C4089317

C. Full Name (Last, First, Middle Initial): Anita Dash-Modi
Mailing Address: 656 W Market St
City: Akron State: OH Zip Code: 44303-1441
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0918200230C4108323

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1215.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Edward Daisy
Mailing Address: SureVision Eye Centers, 12 Nameoki Village
City: Granite City State: IL Zip Code: 62040-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 09 09 2002
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0918200230C4103525

B.
Full Name (Last, First, Middle Initial): James Falch
Mailing Address: 117 Abbottsford
City: Nashville State: TN Zip Code: 37215-2439
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 09 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0918200230C41D4529

C.
Full Name (Last, First, Middle Initial): Arthur Fishman
Mailing Address: 601 N Flamingo Rd
City: Hollywood State: FL Zip Code: 33026-1009
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0918200230C41D5730

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

TOTAL This Period (last page this line number only) ..... ▶

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Steven Fogarty
Mailing Address: 219 Copperfield Ln
City: Winchester State: VA Zip Code: 22602-6175
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 09 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0918200230C4103932

B.
Full Name (Last, First, Middle Initial): H King Hartman
Mailing Address: 516 Pellis Rd
City: Greensburg State: PA Zip Code: 15601-4592
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 09 06 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0918200230C4102838

C.
Full Name (Last, First, Middle Initial): Mark Helm
Mailing Address: 505 Anglers Dr
City: Steamboat Springs State: CO Zip Code: 80487-8836
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 91.25
Receipt
Transaction ID: 0918200230C4106939

SUBTOTAL of Receipts This Page (optional) ..... ▶ **841.25**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Tatsuo Hirose
Mailing Address: Schepens Retina Associates, 100 Charles Riv Plz 2nd Fl
City: Boston State: MA Zip Code: 02114-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 17 2002
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 0918200230C4111941

B.
Full Name (Last, First, Middle Initial): Byron Hohm
Mailing Address: Ophthalmology, LTD, 1200 South Euclid Ave Ste 104
City: Sioux Falls State: SD Zip Code: 57105-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 04 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0918200230C4100542

C.
Full Name (Last, First, Middle Initial): Ana Huaman
Mailing Address: 7916 William Moyers Ave NE
City: Albuquerque State: NM Zip Code: 87122-2739
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 04 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0918200230C4097344

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Mark Jenkins
Mailing Address: 333 N Rivershire Dr
City: Conroe State: TX Zip Code: 77304-0001
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 09 13 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0918200230C4110545

B. Full Name (Last, First, Middle Initial): Maurice John
Mailing Address: John Kenyon Eye Center 1305 Wall St Ste 200
City: Jeffersonville State: IN Zip Code: 47130-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0918200230C4105046

C. Full Name (Last, First, Middle Initial): Emilio Justo
Mailing Address: 19052 N R H Johnson Blvd
City: Sun City West State: AZ Zip Code: 85375-4401
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 04 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0918200230C4097047

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1050.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Yaffe Kahanowicz
Mailing Address: 550 Park Ave
City: New York | State: NY | Zip Code: 10021-7369
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 09 2002
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0918200230C4103648

B.
Full Name (Last, First, Middle Initial): Michael Walker Kelly
Mailing Address: Ste 104 4201 Lake Boone Trl
City: Raleigh | State: NC | Zip Code: 27607-7511
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 04 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 091820023DC4096750

C.
Full Name (Last, First, Middle Initial): Tim Khater
Mailing Address: 4020 21st St
City: Lubbock | State: TX | Zip Code: 79410-1126
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 547.50
Date of Receipt: 09 04 2002
Amount of Each Receipt this Period: 91.25
Receipt
Transaction ID: 091820023DC4097551

SUBTOTAL of Receipts This Page (optional) ..... ▶ **956.25**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 12 / 28

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Tim Khater
Mailing Address: 4020 21st St
City: Lubbock State: TX Zip Code: 79410-1126
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 838.75
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 91.25
Receipt
Transaction ID: 0918200230C4107352

B. Full Name (Last, First, Middle Initial): Gregory King
Mailing Address: 800 Oak Brook Blvd
City: Sumter State: SC Zip Code: 29150-1728
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 09 03 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0918200230C4085353

C. Full Name (Last, First, Middle Initial): Robert Klimek
Mailing Address: 741 Broad Street Ext
City: Waterford State: CT Zip Code: 06385-1347
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 09 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0918200230C4104454

SUBTOTAL of Receipts This Page (optional) ..... ▶ **841.25**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 13 / 28

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): John Kunesh
Mailing Address: Kunesh Eye Ctr, 2601 Farhills Ave
City: Dayton State: OH Zip Code: 45419-1665
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 09 13 2002
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0918200230C4110455

B.
Full Name (Last, First, Middle Initial): Richard Lee
Mailing Address: 491 30th St
City: Oakland State: CA Zip Code: 94609-3235
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 125.00
Receipt
Transaction ID: 091820023DC4105859

C.
Full Name (Last, First, Middle Initial): Daniel Long
Mailing Address: Lakeview Vision, 120 Meadowcrest St #330
City: Gretna State: LA Zip Code: 70056-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 09 03 2002
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 091820023DC4095562

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1490.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 14 / 28

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
William Maxwell

Mailing Address
1360 E Herndon Ave Ste 401

City: Fresno State: CA Zip Code: 93720-3326

FEC ID number of contributing federal political committee.

Name of Employer: self
Occupation: Ophthalmologist

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 09 04 2002

Amount of Each Receipt this Period: 365.00

Receipt

Transaction ID: 0918200230C4096665

B. Full Name (Last, First, Middle Initial)
Catherine Newton

Mailing Address
6420 Dutchmans Pkwy

City: Louisville State: KY Zip Code: 40205-3353

FEC ID number of contributing federal political committee.

Name of Employer: self
Occupation: Ophthalmologist

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 10 2002

Amount of Each Receipt this Period: 500.00

Receipt

Transaction ID: 0918200230C41D5170

C. Full Name (Last, First, Middle Initial)
Rafael Ortiz

Mailing Address
11760 SW 40th St

City: Miami State: FL Zip Code: 33175-3569

FEC ID number of contributing federal political committee.

Name of Employer: self
Occupation: Ophthalmologist

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 638.75

Date of Receipt: 09 10 2002

Amount of Each Receipt this Period: 91.25

Receipt

Transaction ID: 0918200230C41D7172

SUBTOTAL of Receipts This Page (optional) ..... ▶ **956.25**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 15 / 28

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Patrick Parden
Mailing Address: 1814 Lincoln Way
City: Coeur D Alene | State: ID | Zip Code: 83814-2599
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 09 2002
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0918200230C4104373

B.
Full Name (Last, First, Middle Initial): Robert Scott Pinke
Mailing Address: Roxbury Eye Ctr PC 68 Sunset Str Ste 107
City: Succasunna | State: NJ | Zip Code: 07876-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0918200230C41D6077

C.
Full Name (Last, First, Middle Initial): Scott Pomerantz
Mailing Address: 523 Forest Ave
City: Paramus | State: NJ | Zip Code: 07652-4737
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0918200230C41D6780

SUBTOTAL of Receipts This Page (optional) ..... ▶ **915.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 16 / 28

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Richard Provenzano
Mailing Address: 322 Dewey St
City: Bennington State: VT Zip Code: 05201-2200
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 09 11 2002
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0918200230C4109881

B.
Full Name (Last, First, Middle Initial): Patrick Rhode
Mailing Address: Illinois Eye Center 1200 Hamilton Boulevard
City: Peoria State: IL Zip Code: 61606-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 20 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0923200236C4112184

C.
Full Name (Last, First, Middle Initial): Stephen Saxe
Mailing Address: WK Kellogg Eye Ctr 1000 Wall St
City: Ann Arbor State: MI Zip Code: 48105-1912
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0918200230C4108290

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 17 / 28

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Barbara Schroeder
Mailing Address: Attn: Carrie 3301 Lake Ave
City: Fort Wayne State: IN Zip Code: 46805-5529
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 09 04 2002
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0918200230C4100891

B.
Full Name (Last, First, Middle Initial): Douglas Romney Shearer
Mailing Address: 1414 W Fair Ave
City: Marquette State: MI Zip Code: 49855-2675
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0918200230C4105592

C.
Full Name (Last, First, Middle Initial): Alexander Smith
Mailing Address: 1650 1st Ave NE
City: Cedar Rapids State: IA Zip Code: 52402-5460
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 09 11 2002
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0918200230C4109694

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1030.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 18 / 28

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Sriram Sorty
Mailing Address: 3042 Carmel Dr
City: Flossmoor State: IL Zip Code: 60422-2266
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 09 09 2002
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0918200230C4104296

B. Full Name (Last, First, Middle Initial): Robert Sullivan
Mailing Address: 1195 N Casaloma Dr
City: Appleton State: WI Zip Code: 54913-9295
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 04 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0918200230C4089199

C. Full Name (Last, First, Middle Initial): Jim Tamisire
Mailing Address: 239 E Wakea Ave
City: Kahului State: HI Zip Code: 96732-2444
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0918200230C4109310D

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1100.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 19 / 28

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Lyle Thorstenson
Mailing Address: PO Box 632020
City: Nacogdoches State: TX Zip Code: 75963-2020
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt: 09 25 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 1001200241C41124103

B. Full Name (Last, First, Middle Initial): Isaac Torem
Mailing Address: 2932 Youngstown Rd SE
City: Warren State: OH Zip Code: 44484-5259
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 09 06 2002
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 091820023DC41D30104

C. Full Name (Last, First, Middle Initial): Anne Towey
Mailing Address: Lakeview Clinic Ltd 9000 Hundertmark Rd S
City: Chaska State: MN Zip Code: 55318-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 75.00
Receipt
Transaction ID: 091820023DC41D62105

SUBTOTAL of Receipts This Page (optional) ..... ▶ **690.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 20 / 28

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Daniel Townsend
Mailing Address: 100 Charles River Plz
City: Boston State: MA Zip Code: 02114-2712
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 06 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0918200230C41027106

B.
Full Name (Last, First, Middle Initial): Michael Trese
Mailing Address: 632 William Beaumont Med Bldg 3535 West 13 Mile Rd
City: Royal Oak State: MI Zip Code: 48073-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0918200230C41D63107

C.
Full Name (Last, First, Middle Initial): David Treeley
Mailing Address: 3962 N Milwaukee Ave
City: Chicago State: IL Zip Code: 60641-2722
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 09 2002
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0918200230C41D3310B

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1115.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 21 / 28

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): James Vander
Mailing Address: 910 E Willow Grove Ave
City: Glenside State: PA Zip Code: 19038-7998
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 09 04 2002
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 0918200230C41006109

B.
Full Name (Last, First, Middle Initial): James Veal
Mailing Address: 1890 Alabama Hwy 157 Ste 41D
City: Cullman State: AL Zip Code: 35058-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 09 13 2002
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0918200230C4110711D

C.
Full Name (Last, First, Middle Initial): Richard Weinhaus
Mailing Address: Eye Hlth Svcs 1900 Crown Colony
City: Quincy State: MA Zip Code: 02169-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0918200230C41D78111

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1865.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Barry Welch
Mailing Address: 721 Sheridan Ave
City: Cody State: WY Zip Code: 82414-3439
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0918200230C41058114

B.
Full Name (Last, First, Middle Initial): Matthew Yeomans
Mailing Address: 1287 Silverwood Dr
City: Okemos State: MI Zip Code: 48864-3093
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 09 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0918200230C41D47117

C.
Full Name (Last, First, Middle Initial): Carol Ziel
Mailing Address: McKinley & Ziel Ophthalmology 2025 Frontis Plaza Blvd Ste 100
City: Winston-Salem State: NC Zip Code: 27103-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 09 10 2002
Amount of Each Receipt this Period: 75.00
Receipt
Transaction ID: 0918200230C41D8511B

SUBTOTAL of Receipts This Page (optional) ..... ▶ **825.00**

TOTAL This Period (last page this line number only) ..... ▶ **19990.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 23 / 28

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial)
Union Bank

Mailing Address
PO Box 24512

City: San Francisco
State: CA
Zip Code: 94124-0512

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
579.97

Date of Receipt
09 30 2002

Amount of Each Receipt this Period
49.10

Other Receipt

Transaction ID: 1001200241C41126

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	49.10
TOTAL This Period (last page this line number only) ..... ▶	49.10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)
Union Bank

Mailing Address
PO Box 24512

City: San Francisco
State: CA
Zip Code: 94124-0512

Purpose of Disbursement
UB CKING ACCT EXP 9/30

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
09 30 2002

Amount of Each Disbursement this Period
1007.99

UB CKING ACCT EXP 9/30

Transaction ID: 1001200241E3260

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1007.99**
TOTAL This Period (last page this line number only) ..... ▶	**1007.99**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Americas Majority Trust

Mailing Address
1155 21st St NW Suite 300
City: Washington State: DC Zip Code: 20036-

Purpose of Disbursement
LEADERSHIP PAC

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002 Primary X General Other (specify)

Date of Disbursement: 09 / 23 / 2002

Amount of Each Disbursement this Period: 1000.00

Category/Type: LEADERSHIP PAC

Transaction ID: 092320020E3256

B. Full Name (Last, First, Middle Initial)
Ron Chapman

Mailing Address
PO Box 181444
City: Dallas State: TX Zip Code: 75218-

Purpose of Disbursement
HOUSE TX-5 GENERAL

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002 Primary X General Other (specify)

Date of Disbursement: 09 / 11 / 2002

Amount of Each Disbursement this Period: 2000.00

Category/Type: HOUSE TX-5 GENERAL

Transaction ID: 091820023DE3246

C. Full Name (Last, First, Middle Initial)
Cubin For Congress

Mailing Address
PO Box 4657
City: Casper State: WY Zip Code: 82604-0657

Purpose of Disbursement
HOUSE WY GENERAL

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002 Primary X General Other (specify)

Date of Disbursement: 09 / 11 / 2002

Amount of Each Disbursement this Period: 1000.00

Category/Type: HOUSE WY GENERAL

Transaction ID: 091820023DE3247

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Enzi For US Senate

Mailing Address
PO Box 2775
City: Cody State: WY Zip Code: 82414-

Purpose of Disbursement
HOUSE WY GENERAL

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002 Primary X General Other (specify)

Date of Disbursement: 09 11 2002

Amount of Each Disbursement this Period: 2000.00

Category/Type: HOUSE WY GENERAL

Transaction ID: 091820023DE3248

B. Full Name (Last, First, Middle Initial)
Monica For Congress

Mailing Address
PO Box 224
City: New Orleans State: LA Zip Code: 70124-

Purpose of Disbursement
HOUSE LA-1 PRIMARY

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002 X Primary General Other (specify)

Date of Disbursement: 09 11 2002

Amount of Each Disbursement this Period: 5000.00

Category/Type: HOUSE LA-1 PRIMARY

Transaction ID: 091820023DE3249

C. Full Name (Last, First, Middle Initial)
Portman For Congress Committee

Mailing Address
PO Box 2365
City: Cincinnati State: OH Zip Code: 45201-

Purpose of Disbursement
VOIDED CHECK/REISSUED LEADERSHIP PA

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002 Primary X General Other (specify)

Date of Disbursement: 09 23 2002

Amount of Each Disbursement this Period: -1000.00

Category/Type: VOIDED CHECK/REISSUED LEADERSHIP PA

Transaction ID: 0923200224E3255

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

TOTAL This Period (last page this line number only) ..... ▶ **10000.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
David Coats

Mailing Address
1102 Bates Ave MC 3-2700
City: Houston State: TX Zip Code: 77030-2600

Purpose of Disbursement
Refund of Contribution contribution item

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 09 / 03 / 2002

Amount of Each Disbursement this Period: 300.00

Transaction ID: 091820023DE3244

B. Full Name (Last, First, Middle Initial)
David Edwards

Mailing Address
Ste C1 15525 Pomerado Rd
City: Poway State: CA Zip Code: 92064-2425

Purpose of Disbursement
Refund of Contribution contribution item

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 09 / 23 / 2002

Amount of Each Disbursement this Period: 300.00

Transaction ID: 092320023DE3257

C. Full Name (Last, First, Middle Initial)
Stuart Fine

Mailing Address
Scheie Eye Institute 51 N 39th St
City: Philadelphia State: PA Zip Code: 19104-

Purpose of Disbursement
Refund of Contribution contribution item

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 09 / 23 / 2002

Amount of Each Disbursement this Period: 500.00

Transaction ID: 092320023DE3258

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1100.00**

TOTAL This Period (last page this line number only) ..... ▶ **1100.00**

Form/Schedule: F3XA
Transaction ID: C00195246